



TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Contact Person Email: _____
 Field Contact Person: _____
 Field Contact Person Phone: (_____) _____

API No. 15- _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ E W
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
 Datum: NAD27 NAD83 WGS84
 County: _____ Elevation: _____ GL KB
 Lease Name: _____ Well #: _____
 Well Type: (check one) Oil Gas OG WSW Other: _____
 SWD Permit #: _____ ENHR Permit #: _____
 Gas Storage Permit #: _____
 Spud Date: _____ Date Shut-In: _____

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size						
Setting Depth						
Amount of Cement						
Top of Cement						
Bottom of Cement						

Casing Fluid Level from Surface: _____ How Determined? _____ Date: _____

Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
(top) (bottom) (top) (bottom)

Do you have a valid Oil & Gas Lease? Yes No

Depth and Type: Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____
(depth) (depth)

Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(depth) (depth)

Packer Type: _____ Size: _____ Inch Set at: _____ Feet

Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

Formation Name	Formation Top	Formation Base	Completion Information
1. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet
2. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

~~UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE~~

Submitted Electronically

Do NOT Write in This Space - KCC USE ONLY	Date Tested: _____	Results: _____	Date Plugged: _____	Date Repaired: _____	Date Put Back in Service: _____
	Review Completed by: _____ Comments: _____				
TA Approved: <input type="checkbox"/> Yes <input type="checkbox"/> Denied Date: _____					

Mail to the Appropriate KCC Conservation Office:

	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.225.8888
	KCC District Office #2 / UPGS - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.630.4000
	KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720	Phone 620.432.2300
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.625.0550

VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. DEUTSCH OIL COMPANY 8100 E. 22ND ST. NO. BLDG. 600, SUITE D WICHITA, KS 67226 316-681-3567		1 Rents \$	OMB No. 1545-0115 2006 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$ 521.94		
		3 Other income \$	4 Federal income tax withheld \$	Copy C For Payer or State Copy or Copy 2
PAYER'S federal identification number 48-1028643	RECIPIENT'S identification number 509-16-7363	5 Fishing boat proceeds \$	6 Medical and health care payments \$	
RECIPIENT'S name, address, and ZIP code HAROLD L. CAMPBELL HAROLD L. CAMPBELL LIVING TRUST 1900 MCKINNEY DRIVE GREAT BEND, KS 67530		7 Nonemployee compensation \$	8 Substitute payments in lieu of dividends or interest \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2006 General Instructions for Forms 1099, 1098, 5498, and W-2G.
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$	
		11	12	
Account number (see instructions)	2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Form 1099-MISC

Printed on Recycled Paper

Department of the Treasury - Internal Revenue Service

DEUTSCH OIL COMPANY

David Cruse

Shut-in royalty pymt to 10/09/14

9/30/2013

51498
80.00

*LATEST
Shut in Payment!*

**PAYMENT
RECORD**

Checking - Commerce Shut-in royalty pymt to 10/9/14

80.00

SHUT-IN ROYALTY PAYMENT

September 30, 2007

Harold L. Campbell
1900 McKinney Drive
Great Bend, KS 67530

Gentlemen:

Enclosed herewith is check no. 38291 for \$80.00 to pay the shut-in gas royalty from October 9, 2007 to October 9, 2008, according to the terms of a certain Oil and Gas Lease dated July 9, 2001, from Harold L. Campbell, Trustee of the Harold L. Campbell Living Trust, to Deutsch Oil Company, covering the following 80 acres, described as:

The South Half of the Northwest Quarter (S/2 NW/4) of Section Two (2),
Township Nineteen (19) South, Range Fifteen (15) West, (Campbell Trust Lease)

Situated in Barton County, Kansas, and recorded in Book 595 at Page 311 of the records of the above County.

Yours Very Truly

DEUTSCH OIL COMPANY

By: Karri Knox Wolken
Karri Knox Wolken

Received from Deutsch Oil Company \$80.00 for the shut-in gas royalty payment on the Campbell Trust Lease.

10-16-07
Date

Jan Howell

Harold L. Campbell, Trustee

Please date, sign and return one copy in the envelope provided.